

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11414

1. PLACE OF DEATH

County Linn

Registration District No. 496

Township Bronwood

Primary Registration District No. 3025

City Bronwood (No.)

File No.

Registered No. 28

St. Ward

2. FULL NAME

(a) Residence, No. 409 1/2 Canal St., 3rd Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-1846

7. AGE

YEARS 82

MONTHS 10

DAYS 13

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Naperville

(STATE OR COUNTRY)

Ill.

10. NAME OF FATHER

Donn Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Donn Know

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Donn Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Donn Know

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Simon Dall - Hunt Street

15.

FILED 3-29-29 Bessie M. Fox Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/28 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-13, 1929, to 3-28, 1929 that I last saw her alive on 3-28, 1929, and that death occurred, on the date stated above, at 10:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phenacetin Intoxication

CONTRIBUTORY (SECONDARY)

131 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Spec. & Lab.

(Signed) Geo. F. J. Lang, M. D.

, 19 (Address) Bronwood, Mo

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Michaels Cemetery

DATE OF BURIAL

3/30/1929

20. UNDERTAKER

Hunter, Rollins Bronwood Mo

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHOLE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

588
APR 26 1929

235
2
31
31

